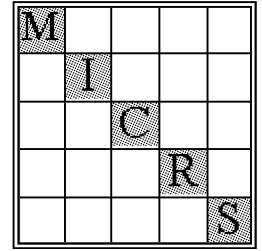


# Medically Indigent Care Reporting System (MICRS)

California Department of Health Services  
Office of County Health Services  
Medically Indigent Care Reporting System Unit

## MICRS Snapshot June 2000



### County Indigent Health Care Services and Expenditures Fiscal Year 1996–97

This report presents information on county indigent patients who received medical services directly provided or paid for by 24 California counties<sup>1</sup> during fiscal year (FY) 1996–97. These counties reported indigent data to the California Department of Health Services (CDHS) through the Medically Indigent Care Reporting System (MICRS). Residents in these counties accounted for about 9 out of every 10 Californians. Information for FY 1996–97 are the most current available as counties are not required to supply final reports until a full year after the end of the reporting period. A number of counties were required to submit revised reports after the initial due date, due to reporting problems.

The counties reported that nearly 1.3 million county indigents received medical services during FY 1996–97. This was 7 percent lower than the number of patients reported for the previous year. The aggregate decline reflected decreased patient numbers reported in 15 of the 24 counties. Los Angeles County, serving more than half of the county indigent patients in both years, showed an 11 percent drop.<sup>2</sup> The 1.3 million indigents served represented about a fourth of the approximately 5 million Californians during this year who were both uninsured and poor (income levels less than 200% of the federal poverty level).<sup>3</sup> In general, utilization, demographic, and expenditure distributions remained similar to the previous five-year average (FYs 1991–92, 1992–93, 1993–94, 1994–95 and 1995–96) of MICRS data.

Table 1 presents the total unduplicated count of county indigent patients. It shows that relatively few patients (51 per 1,000) were hospitalized. Most county indigents (850 per 1,000) received outpatient services, while a little more than one quarter (269 per 1,000) visited emergency departments.

**TABLE 1**  
**Numbers of County Indigent Patients,<sup>4</sup> FY 1996–97**

| Patient Types               | Number of Patients | Patients per 1,000 |
|-----------------------------|--------------------|--------------------|
| All Patients                | 1,299,715          | —                  |
| Inpatients                  | 66,218             | 51                 |
| Outpatients                 | 1,102,804          | 850                |
| Emergency Dept. Patients    | 349,553            | 269                |
| Other Patients <sup>5</sup> | 16,143             | 12                 |

Source: Medically Indigent Care Reporting System  
Prepared by the California Department of Health Services

- 1 These 24 counties participated in the California Healthcare for Indigents Program (CHIP) and were required to submit reports to the CDHS through MICRS reflecting all indigent health care services they provided or paid for.
- 2 Los Angeles County reported that the decline in patients appeared to be related to several issues including a limited loss of data with the replacement of three major information systems and changes in the delivery systems for providing medical services. These changes involved public/private partnership, and general relief provider program contracts, temporary facility closures, and associated staffing reductions.
- 3 E. Richard Brown, Center for Health Policy Research, *The State of Health Insurance in California, 1998*, January 1999.
- 4 Number of patients represents the total unduplicated number of individual patients across all service categories. Table 1 has an unduplicated number of patients within each service category as well as the number of patients in each service category for every 1,000 total patients. Since some patients used more than one type of service: (1) the total number of unduplicated patients is less than the sum of the unduplicated number of patients in the four service categories and, (2) patients per 1,000 by service category add up to more than 1,000. A small number of patients may be duplicated if they received care in multiple counties.
- 5 Other patients include those who received the following mix of services: skilled nursing and intermediate care services, ambulance services, and general acute care hospital inpatient services where counties paid only physicians, and not hospitals.

Total expenditures amounted to almost \$1.2 billion showing a slight 1 percent decrease from the previous year. Table 2 shows that inpatients accounted for most (47%) of the reported expenditures followed by outpatients whose services accounted for 41 percent of the expenditures.

**TABLE 2**  
**Expenditures for County Indigent Patients, FY 1996–97**

| Patient Types                 | Expenditures* | Percent |
|-------------------------------|---------------|---------|
| Inpatients                    | \$557         | 47%     |
| Outpatients                   | \$485         | 41%     |
| Emergency Department Patients | \$124         | 11%     |
| Other Patients                | \$14          | 1%      |
| All Patients                  | \$1,180       | 100%    |

\*In millions

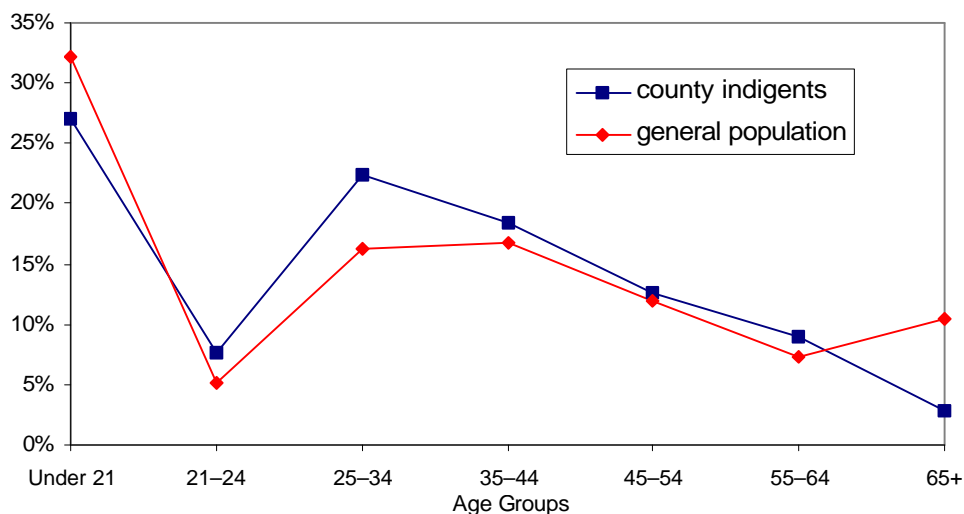
Source: Medically Indigent Care Reporting System

Prepared by the California Department of Health Services

### Age Group Distributions

Compared to the general population of the reporting counties, Figure 1 displays county indigents as under represented among those over 64 years, likely due to their greater access to care because of their Medicare eligibility. Also under represented are those in the under-21 age group, probably related to their greater access to care through Medi-Cal. Conversely, indigents aged 25–34 years were over represented. Younger adults are more likely, compared to older adults, to have incomes below poverty. In consequence, they are more likely to be uninsured and less likely to have job-based insurance or be able to pay for their health care. In general, uninsured adults have fewer opportunities to receive health care from government health insurance programs than do children or seniors.<sup>6</sup>

**FIGURE 1**  
**Age Group Distribution of County Indigents and General Population**  
**FY 1996–97**



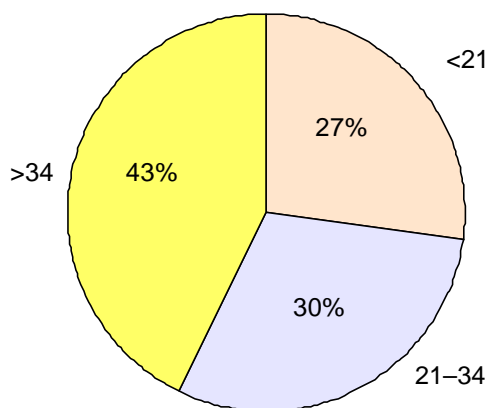
Sources: Medically Indigent Care Reporting System and Department of Finance, Demographic Research Unit

Prepared by the California Department of Health Services

<sup>6</sup> E. Richard Brown, Center for Health Policy Research, *The State of Health Insurance in California, 1998*, January 1999.

County indigents are typically young. Those under age 34 accounted for the biggest share of patients, nearly 6 of every 10 patients (57%). Figure 2 shows the distribution of county indigents into three broad age categories: under 21, 21–34, and over 34. Patients under the age of 21 comprised 27 percent while those aged 21 through 34 represented 30 percent of all county indigent patients. Patients over 34 represented about 4 of every 10 patients (43%). Not broken out here, the smallest percentage (3%) were county indigents over 64 years.

**FIGURE 2**  
**Distribution of County Indigents by Age Group**  
**FY 1996–97**



Source: Medically Indigent Care Reporting System  
 Prepared by the California Department of Health Services

## Race/Ethnicity

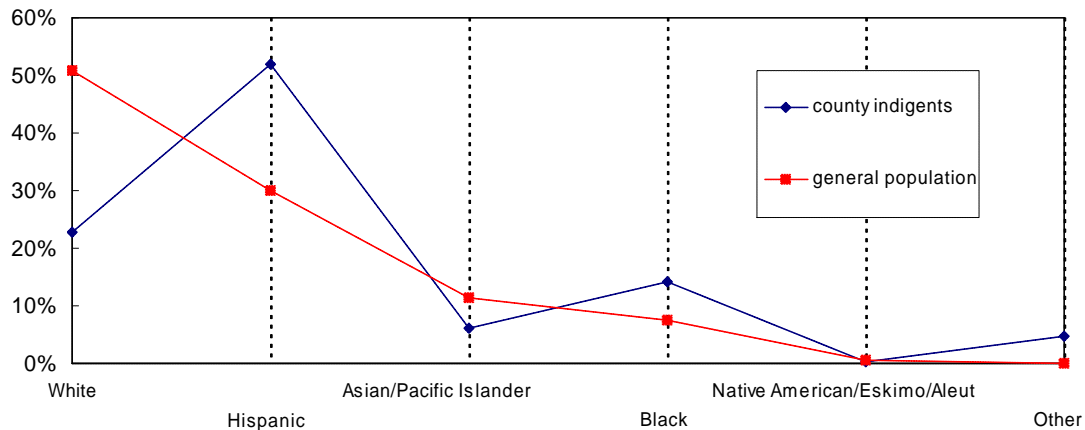
Compared to the distribution of the general population of the reporting counties, Figure 3 shows that the distribution of county indigent patients differed most among Whites and Hispanics. White (23%) and Asian/Pacific Islander indigents (6%) were under represented while Hispanic (52%) and Black indigents (14%) were over represented. A greater proportion of Latino and Black persons lacking job-based health insurance as well as having lower income levels likely contributed to these differences. Only 41 percent of Latinos and 49 percent of Blacks were estimated to have job-based health insurance compared to 69 percent of Whites in 1997. As incomes increased for Black indigents, the availability of job-based health insurance increased.<sup>7</sup> Overall, Whites had the highest percentage of health insurance coverage from all sources at 85 percent, Blacks 79 percent and Asians 76 percent.<sup>8</sup> In contrast, Latinos had the lowest rates of health insurance coverage from all sources, 64 percent.<sup>9</sup> As a combined group, Native Americans, Eskimos, and Aleutians accounted for less than 1 percent of the county indigents, which was similar to their distribution in the general population. Five percent of the county indigents' race/ethnicity was reported as "other." Although not shown, 5 percent of the county indigents' race/ethnicity was reported as "unknown."

<sup>7</sup> E. Richard Brown, Center for Health Policy Research, *African Americans Remain Uninsured at Higher Rates than Whites Despite Their Increasing Job-Based Coverage*, April 1999.

<sup>8</sup> E. Richard Brown, Center for Health Policy Research, *Declining Medi-Cal Coverage Leads To Increasing Uninsured Rate among California's Asian Americans and Pacific Islanders*, April 1999.

<sup>9</sup> E. Richard Brown, Center for Health Policy Research, *Disparity in Job-Based Health Coverage Places California's Latinos at Risk of Being Uninsured*, April 1999.

**FIGURE 3**  
**Distribution of County Indigents and General Population by Race/Ethnicity**  
**FY 1996–97**



Source: Medically Indigent Care Reporting System and Department of Finance, Demographic Research Unit  
 Prepared by the California Department of Health Services

An overview of county indigents' utilization of three major types of services as reported to the Medically Indigent Care Reporting System for FY 1996–97 is shown below.

### Inpatient Services

- ▶ The average number of discharges per inpatient was 1.2 (80,446 discharges).<sup>10</sup>
- ▶ The average length of stay was 4.8 days (388,789 days).
- ▶ The overall average expenditure<sup>11</sup> per inpatient day was \$1,433 and \$6,878 per discharge.
- ▶ Mental disorders accounted for the lowest expenditures per day (\$877).
- ▶ Expenditures per inpatient day were highest for the following categories:
  - ◆ Congenital Anomalies . . . . . \$1,979 (<1% of days)
  - ◆ Neoplasms . . . . . \$1,661 (6% of days)
  - ◆ Injuries and Poisonings . . . . . \$1,653 (19% of days)
- ▶ Injuries and Poisonings (20%), Digestive Disorders (16%), and Circulatory Diseases (12%) were the most frequent discharge diagnoses accounting for 48 percent of all the reported discharges.
- ▶ Patients with Infectious and Parasitic Diseases (5% of days) had the longest average lengths of stay (7.7 days) while pregnancy and childbirth produced the shortest stays (2.3 days) though these discharges accounted for less than 1 percent of the days.
- ▶ 60 percent of the inpatients were males.
- ▶ 48 percent of the inpatients were aged 25–44 years.

<sup>10</sup> A comparison to data from the Office of Statewide Health Planning and Development's Hospital Disclosure Report indicates the number of discharges and inpatient days may be understated in MICRS because Los Angeles County reported MICRS data based on expected rather than the actual source of payment. It is anticipated that this will be corrected in data reported for FY 1999–2000. All other counties' data in this report are based on actual source of payment.

<sup>11</sup> Expenditure data should represent county costs or payments, not charges. Where services were provided, but not reimbursed by counties, associated data were not reported.

## **Outpatient Services**

- ▶ The average number of visits per outpatient was 2.6 (2.8 million visits).<sup>12</sup>
- ▶ The overall average expenditure per outpatient, including surgeries, was \$440.
- ▶ Females accounted for 54 percent of the outpatients and outpatient visits.

## **Emergency Department (ER) Services**

- ▶ The average number of ER visits per ER patient was 1.6 (545,746 visits).
- ▶ The average expenditure per ER visit was \$227 and \$354 per ER patient.
- ▶ Males accounted for 56 percent of the ER patients, 57 percent of the ER visits and 55 percent of the ER expenditures.

## **Summary**

Twenty-four CHIP counties reported spending \$1.2 billion on healthcare services for 1.3 million indigents during FY 1996–97. Fifty-seven percent of the patients were under 35 years of age. Hispanics (52%) and Whites (23%) represented the two largest race/ethnic groups. Females accounted for a slight majority of all patients, though males accounted for the majority of inpatients and emergency department patients. The amount of expenditures (-1%) and number of patients (-7%) showed annual declines when compared to FY 1995–96. This reflected decreased patient numbers in more than half of the 24 counties, including Los Angeles County, which had an 11 percent decline. Utilization patterns remained comparable to the past five-year average of MICRS data.

**This MICRS Snapshot was prepared by the Medically Indigent Care Reporting System Unit, Office of County Health Services, Department of Health Services located at 1800 Third Street, Room 100, P.O. Box 942732, Sacramento, CA 94234-7320. Questions should be directed to John Isham at (916) 322-1604.**

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<sup>12</sup> The number of outpatient visits may have been undercounted since visits to specific types of physicians (primary and specialty care and ambulatory surgery) primarily were reported while visits to other providers such as dentists, optometrists, podiatrists, and radiologists generally were not reported. Revisions to the data elements will eliminate this issue effective with the FY 1999–2000 reporting period.